

# NATIONAL Assessment Centre Services

MYA418012094

Date In: 24/01/2018 16:26  
Ref No: NBA/INC180014727  
Veh No: 1BF 779K  
D.O.A: 19/01/2018 12:50  
OD / TP: Reporting Only

Job description: SAS e-Milling  
B-Incall (within this A/C3000)  
I-Motor Claim Form  
I-Motor SW/O (within 60 days, TP claim)  
I-Photo Uploaded  
Assessment/Survey Report  
Ass'l Report by Fax/Hand to Owner/Whse

Date & Time Completed: 24/01/2018 17:44  
Done by:

TP Insured:

Preferred Wksp / INC Assign Wksp / OW:

TP Part/colour: Yeh No: SLC 4347R INC ( ) / Non-INC ( )  
Owner / Driver: ( )  
Policy No: ( ) Period: ( ) Cover Type: ( )  
Confirmed by: ( ) Date: ( )  
Insured/Driver Liability: ( ) % (Note: BSL Status (WO): N: 0-20%, P: 21-79%, P: 80-100%)  
Year of Registration: ( ) Warranty: YES ( ) / NO ( )  
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks: ( )  
( ) Walk-In Customer: Customers Information strictly Confidential & strictly NO refer of repeller.  
( ) Total Loss Case: to e-mail Insurer URGENTLY.  
Drive-In ( ) / Towed-In ( ) Invoice: YES ( ) / NO ( ) Towing Co: ( )

Remarks: ( )  
1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
2) QC Check / Post Repair Inspection ( )  
3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )  
Date/Time: ( )  
Address: ( )

NIA1800573		Invoice Preparation Checklist		Y/N	Remarks
Human Resources		1) AR: Accident Reporting (320)		Y	
Driver/Owner:		2) DA: Damage Assessment (3100)	INC (320)		
Contact No:		3) TP: Towing Fee	\$40/\$42		
Assigned Portion:		4) FT: Follow-Through Survey	3120		
		5) PT: Follow-Through Survey (Recovery)	310		
		Excess/Inc: see INC Only (Ref 10 Jan 2018)			
		6) TR: Re-inspection	413		
		7) NI: (see DA + SMRT Survey)	5140		
		8) NTUC Additional Services			
		9) NI: (see DA + SMRT Survey)	5140		
		10) NI: (see DA + SMRT Survey)	5140		
		11) NI: (see DA + SMRT Survey)	5140		
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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	24/01/2018 16:26
Date Of Accident	19/01/2018 12:50
Exact Location Of Accident	ALONG CRAIG ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBF7779K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHOW SIANG WEI
NRIC No	S8944869G
Email Address	SHAWNCHOW23@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81260750
Alternative Phone No	OTHERS-81260750
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	TRANSPORT HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5097493845
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHOW SIANG WEI
NRIC No	S8944869G
Date Of Birth	16/12/1989
Occupation	INDOOR
Date Of Driving Pass	16/11/2013
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81260750
Fax Number	
Contact Number	OTHERS-81260750
Email Address	SHAWNCHOW23@GMAIL.COM



Address	BLK 87 REDHILL CLOSE #13-586
Postcode	150087
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC4347R
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties:	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHONG KIAT
NRIC/Passport Number	
Contact Number	90484791
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 24/1/2018

15:33pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

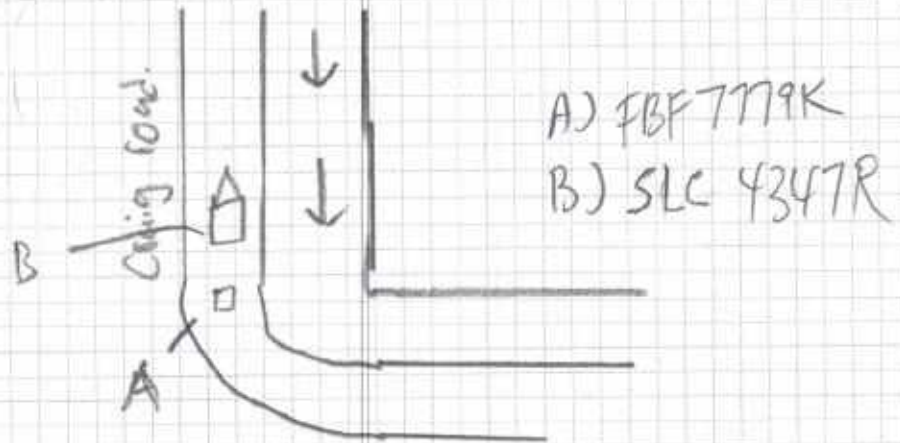
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

ALONG CRING ROAD




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling on Cring road toward neil road. When approaching the bend I checked my blind spot and when I ~~sa~~ turn ~~appear~~ back, ~~there a~~ there's a vehicle stopped at the road in front of me. I tried to apply ebrake but it was too late and I ~~hit~~ hit the car.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time: 24/1/2018  
15-33pm

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: ROSLI NATHAN  
NRIC/FIN No.:



## Claim Handling

Accident MT/0979350

Policy No.	5097493845	Vehicle No.	FBF7779K	GST Registration No.	
Policyholder Name	CHOW SIANG WEI	Cover Type	Third Party	Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	81260750	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFE	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	24/01/2018 17:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	24/01/2018	Time of Accident hh:mm	12:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CRAIG ROAD				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 87 #13-585	Address 2	REDHILL CLOSE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	13-585	Related Policy Number	5097493845		
<b>OI Driver Info</b>					
Driver Name	CHOW SIANG WEI	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S8944659G	Driving Experience	
Register Date of Driver License	08/03/2013	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 87 #13-585	Address 2	REDHILL CLOSE	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	13-585	Driver Vehicle No.	FBF7779K	Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001

New

Claim Type *	OD-MX	Insured Name	CHOW SIANG WEI	Insured NRIC	
Contact No.(Mobile)	81260750	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	FBF7779K	TP Vehicle Number	
Claim Description	FBF7779K / SLC4347R ON 24 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name-unknown	GIA report	
Date Registered	24/01/2018 17:43	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0979350	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/01/2018 17:44
Path *		Category *	Confidential Urgency
			Normal

Browse...

Clear











Please Select

No

Normal

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 17:44	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 17:44	NRIC/ Driving Licence	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 17:44	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 17:44	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 17:44	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 17:43	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 17:43	Photos	Normal	Photo

Videos List

Uploaded By/Date	Folder Date	File Name	Source
<div> <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> </div>			

# ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 06 / 2018 (DD/MM/YYYY), TIME: 12 : 50 (HH:MM)

LOCATION: Craig Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF77791K  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 097493845  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Yamaha 135 Spark  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: transport home  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NOT)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Choi Sing Wei (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S89468196 CONTACT: 81260750  
 c) ADDRESS: Block 87 Redhill Close #13-586 150087

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\* No. of passenger  
 (including driver)  
(1)

- DRIVER  
 a) NAME: Choi Sing Wei (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S89468196 CONTACT: 81260750  
 c) ADDRESS: Block 87 #13-586 Redhill Close S150087

\* d) DATE OF BIRTH: 16 / 12 / 1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 08 March 2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

\* No. of passenger  
 (including driver)  
(1)

- a) VEHICLE NUMBER: SLC 4347R MODEL: Vias E  
 b) DRIVER'S NAME: Ante Tan Chong Kiat  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90454791

## 9. THIRD PARTY VEHICLE

\* No. of passenger  
 (including driver)  
( )

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email: Shawnchow23@gmail.com

fax: \_\_\_\_\_

✓ 10/06/18

Shawnchow23@gmail.com

Shawn Chow 23



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8944869G



Name

CHOW SIANG WEI

鄒 湘 偉

Race

CHINESE

Date of birth

16-12-1989

Sex

M

Country/Place of birth  
SINGAPORE



5228837



NRIC No. S8944869G



Date of issue

26-09-2013

Address

APT BLK 87 REDHILL CLOSE  
#13-886  
SINGAPORE 150087

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8944869G

Name

CHOW SIANG WEI

Birth Date: 16 Dec 1989

Issue Date: 21 Jul 2014



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 08 Mar 2013  
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 30 Dec 2010

NP 428A



eBaoTech

Hello, NAC\_BUKIT\_MERAH\_800676

General Claim

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097493845	CHOW SIANG WEI	S8944859G	GMC	Third Party	FBF7779K	FBF7779K	17/01/2018	16/01/2019

[Continue](#)